

**MICHIGAN DEPARTMENT OF MANAGEMENT AND BUDGET**

APPROP. YEAR	MAIN-FACS AGY. NO.		VOUCHER NO.
PAGE/OF	CHECKED	AUDITED	

EMPLOYEE NAME						BUSINESS PHONE							MAIN-FACS AGENCY NAME								EMPLOYEE SOC. SEC. # 3 - - -				MAIL P01					
HOME ADDRESS - STREET													CITY									STATE			ZIP CODE					
OFFICIAL WORK STATION CITY & BLDG						PERMANENTLY ASSIGNED STATE CAR#						TRAVEL ADVANCE <input type="checkbox"/> NONE <input type="checkbox"/> TEMPORARY <input type="checkbox"/> PERMANENT											ADVANCE AMOUNT							
EFFECTIVE DATE			DUE DATE			INTF		PDT		DMI		BANK ID		TRAVEL AUTH/ADV ID								SUFFIX			SERVICE DATE					
CONTACT PERSON						BUSINESS PHONE						NATURE OF OFFICIAL BUSINESS (PURPOSE / DESCRIPTION)											PERIOD COVERED FROM: _____ TO: _____							

COMMENTS:

[illegible][illegible]

I certify all the above items of expense were incurred in the discharge of authorized official business and represent proper charges.			
EMPLOYEE SIGNATURE	DATE	SUPERVISOR SIGNATURE	APPROVAL DATE

**MAKE PHOTOCOPIES FOR:** -DEPARTMENT/INSTITUTION  
-EMPLOYEE